

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

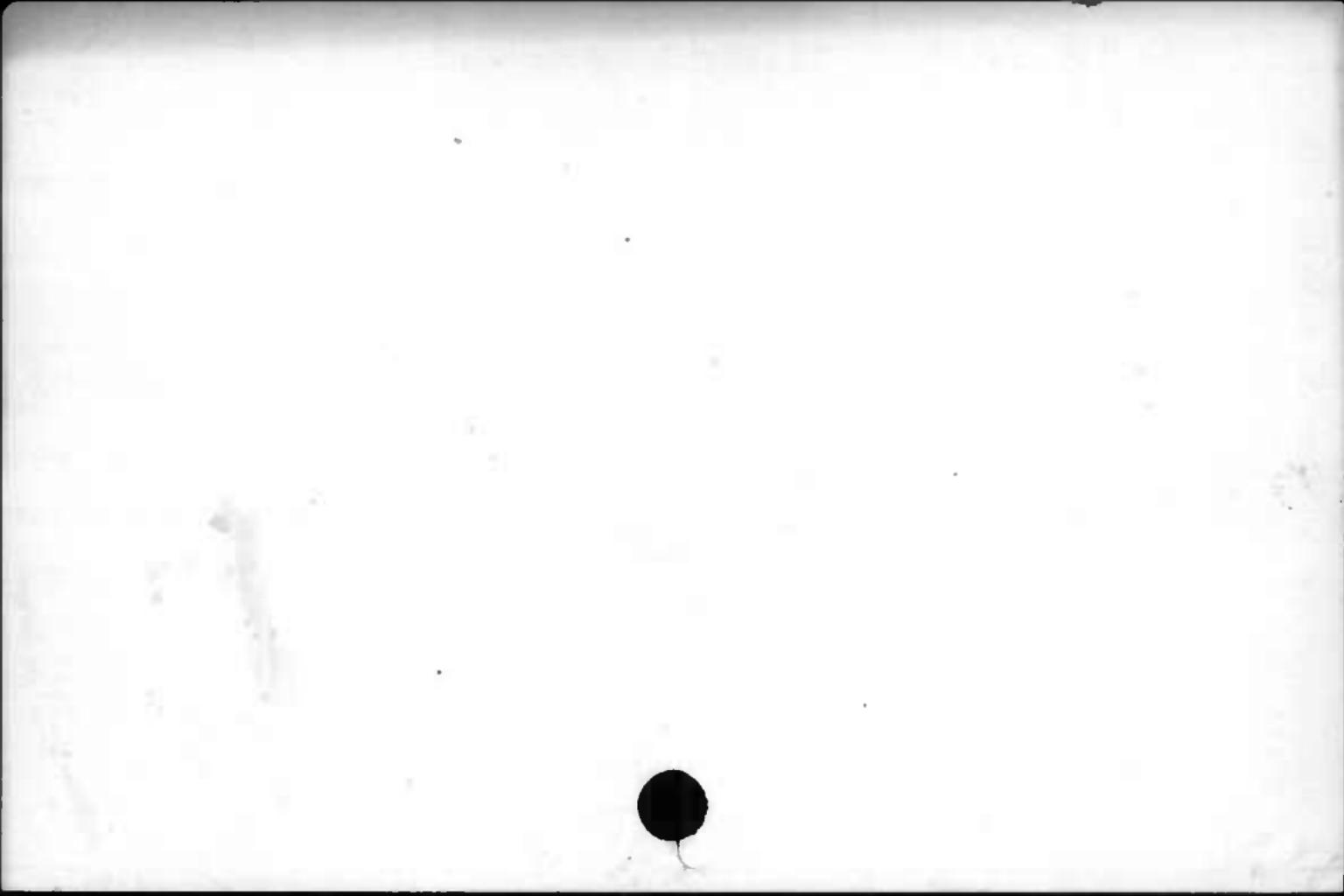
NEAREST FRIEND

Died at		Town	County		MARYLAND	
St. Marcellus		Hanover				
Date of death	1906	Month	Day	Years	Months	Days
1		1	13	91		
Sex	Female		Color or Race	Colored		
Occupation			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband			
Father's Name	Sam Henry		Father's Birthplace			
Mother's Maiden Name	<u> </u>		Mother's Birthplace			
Name of person giving information	G.W. Cedars		How related to deceased			
		154				

CAUSES OF DEATH

PHYSICIAN OCOEE

Primary	Old age	How long
Immediate	Physical examination	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
Yes	Eloise Hobbs & Bertha	✓
Accident or Suicide?		✓



No name Baileys M M

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Snowflake</u> <small>Town</small>		County <u>Worcester</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Jan</u>	Day <u>31</u>	Years <u>26 days</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>female</u>	Color or Race <u>white</u>	Birth-place <u>Snowflake</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>H. H. Baile</u>	Father's Birthplace <u>Worcester Co</u>				
Mother's Maiden Name <u>S. A. Adams</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>H. H. Baile</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchitis



How long

about 3 days

Immediate —

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Paw from
Snowflake
Md.

Accident or Suicide?



Mary E. Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Snowfall		Town, Snowfall	County Worcester		MARYLAND	
Date of death 1904 Jan	Month Jan	Day 28	Years 65	Age 65	Months 5	Days 19
Sex Female	Color or Race colored.	Birth- place Hed. Snow Hill		Hed. Snow Hill		
Occupation House wife	Where Residing if not at place of death Hed. Snow Hill		Hed. Snow Hill			
Married, Single or Widowed Married	Name of Wife or Husband Stephen Bailey	Father's Birthplace Hed. Snow Hill		Mother's Birthplace Hed.		
Father's Name Ebene. Rounds.	Mother's Maiden Name Sarah. Rounds.		How related to deceased Daughter.			
Name of person giving Information Loren Truitt						

CAUSES OF DEATH

Primary

Heart failure

179

How long

6. month.

Immediate

How long

8. days.

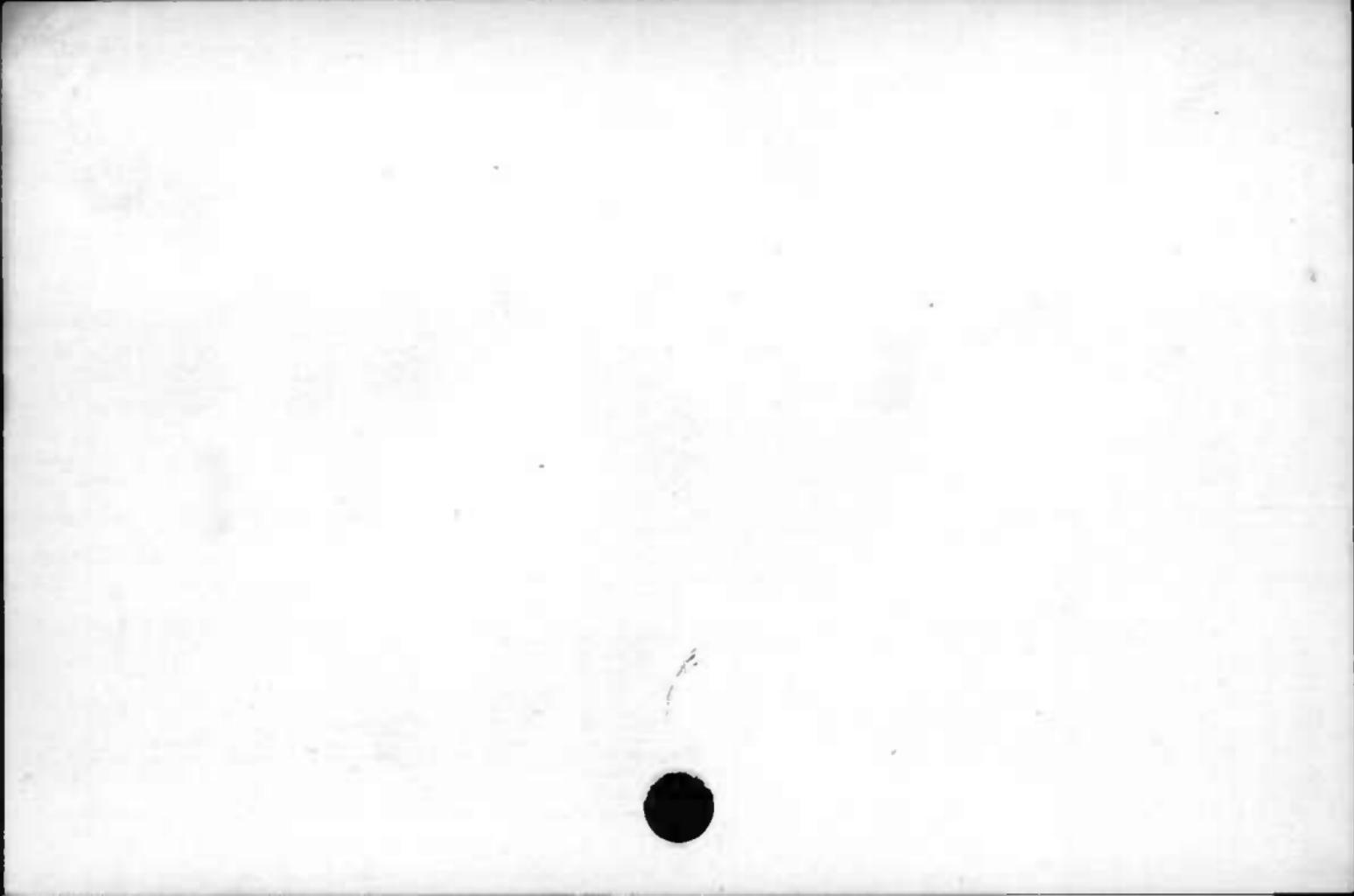
Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Address

John E. Bailey
Snowfall
Md. ✓



Name
In
Full

Ernestine B. Beauchamp

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Snow Hill</u>		Town	County <u>Worcester</u>	MARYLAND	
Date of death <u>1906</u>	Month <u>Jan</u>	Day <u>29</u>	Years <u>69</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed <u>Marry</u>	Name of Wife or Husband <u>John R. Beauchamp</u>				
Father's Name <u>John Murphy</u>	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <u>John R. Beauchamp</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

Primary

Paralysis

(66)

How long

2 weeks

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

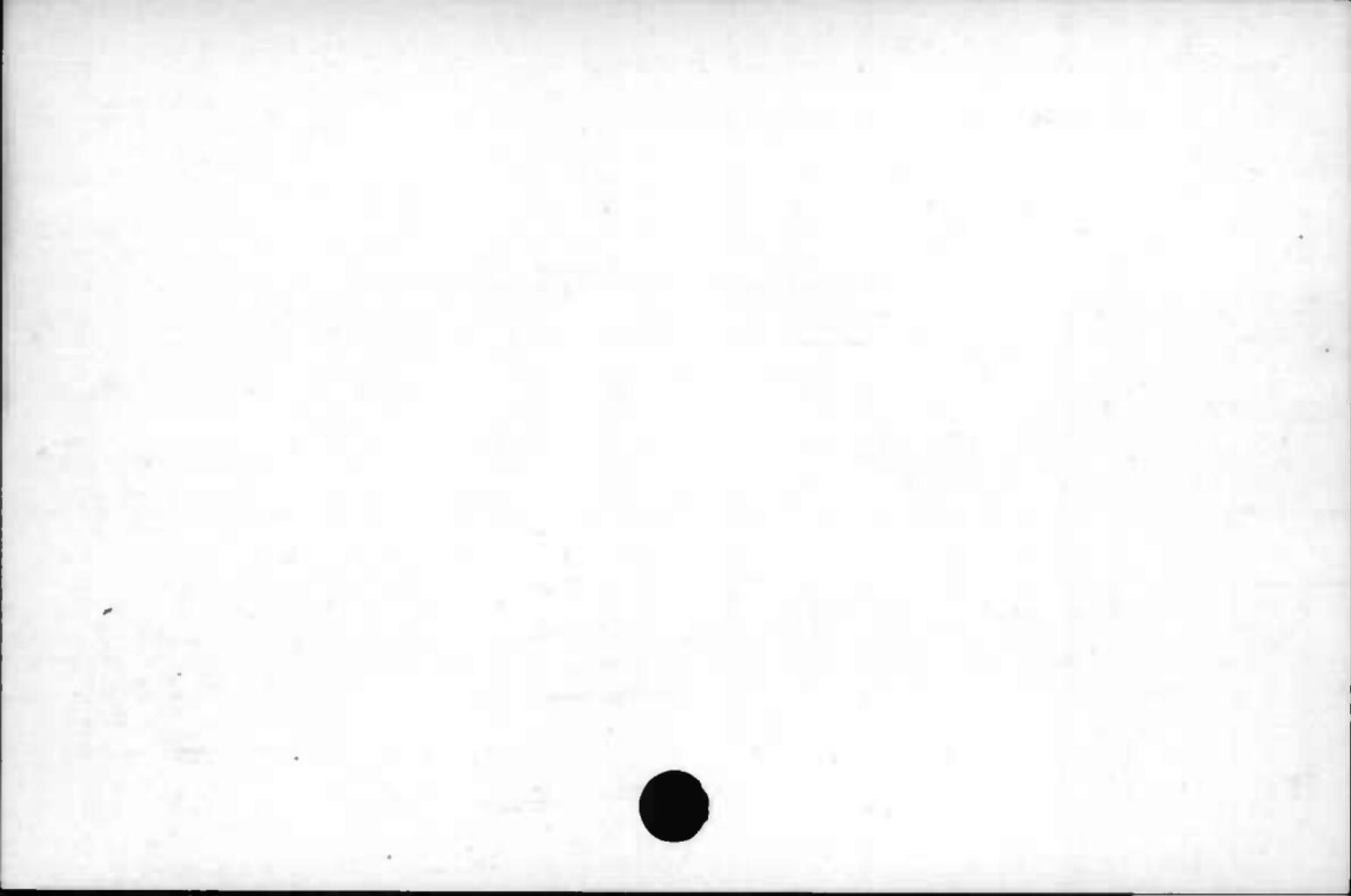
Signature of Physician

Address

Sam Jones

Snow Hill Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Gravelitee</u>		Town	County <u>Worcester</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>1</u>	Day <u>13</u>	Age <u>—</u>	Years <u>—</u>	Months <u>6</u>	Days <u>—</u>
Sex <u>female</u>	Color or Race <u>Black</u>	Occupation <u>—</u>		Birth-place <u>—</u>		
Married, Single or Widowed <u>—</u>	—		—			
Name of Wife or Husband <u>—</u>	—		—			
Father's Name <u>Arph Wills</u>	—		Father's Birthplace <u>—</u>		—	
Mother's Maiden Name <u>Hannah Bishop</u>	—		Mother's Birthplace <u>—</u>		—	
Name of person giving Information <u>Eliza Bishop</u>	—		How related to deceased <u>Grandmother</u>		—	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart failure (9)

How long

1 Day

Immediate

Heart failure

How long

1 Day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Eliza Bishop
Gravelitee
Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Marie Bodley

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death 1906	Month	Day	Years	Months	Days	
Sex	Color or Race	Age				
Married, Single or Widowed	Occupation	Birth-place				
Name of Wife or Husband						
Father's Name	John W Bodley			Father's Birthplace	Maryland	
Mother's Maiden Name	Lizzie Stewart			Mother's Birthplace	Maryland	
Name of person giving Information	Paynter Watson			How related to deceased	None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Burned

(167)

How long

Eleven hours

Immediate

3/4 of a day

How long

3/4 of a day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

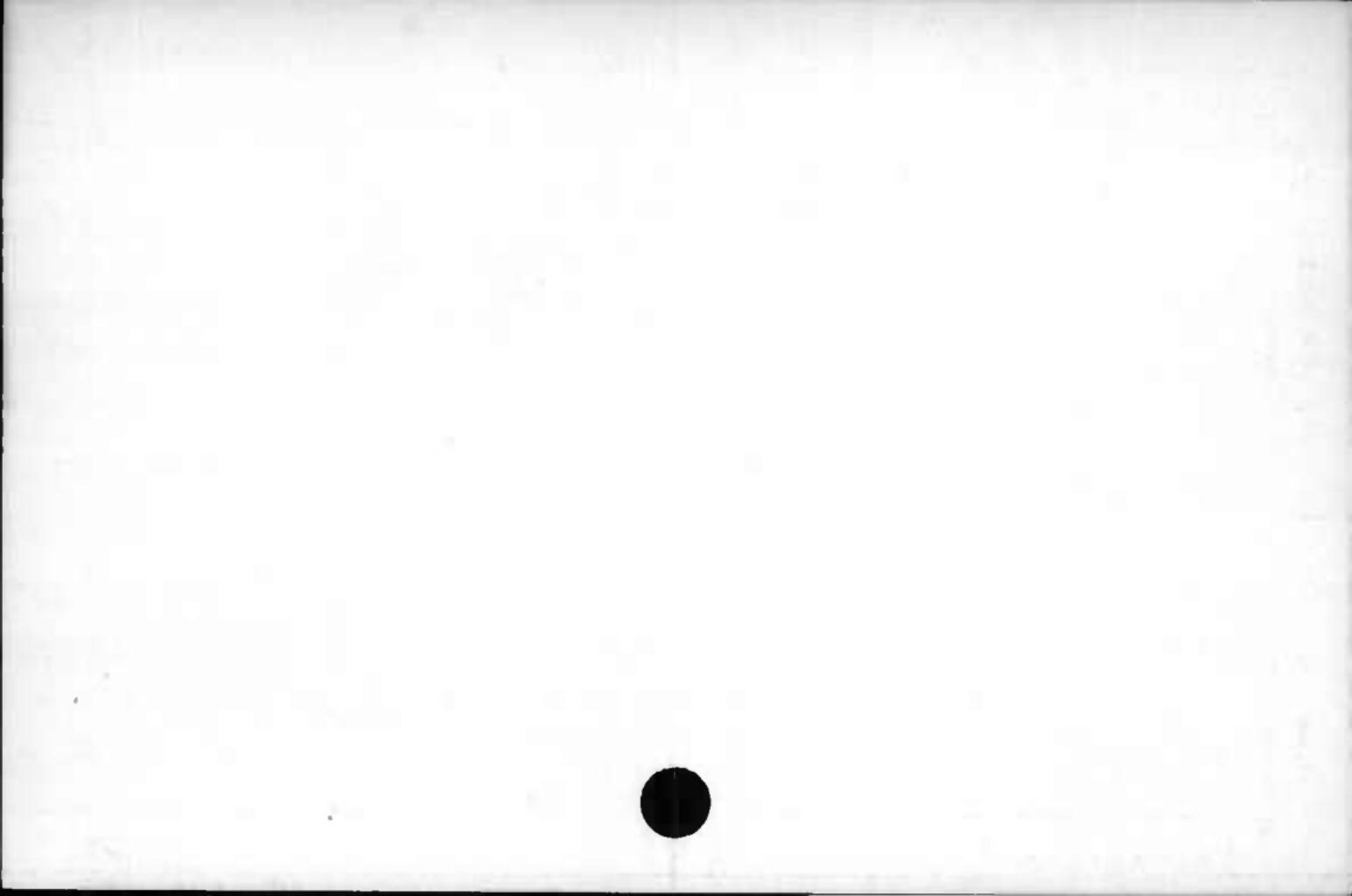
R P Colgan

R Raynor Local Board of

Bethesda Md

Accident or ~~suicide~~

Health Chiropractic Md



Alice H. Bradford

Town

County

Died at

MARYLAND

Snow Hill Worcester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

06

Jan 15

Age

5-7

W.M.

Md

-

~~Male~~~~Married~~~~W.M.~~

Female

Single

~~W.M.~~

Number of children living

Husband of

Wife

Father's

Name

Dan. Bradford

Mother's

Maiden Name

Cause of

Primary

Alice Sturgis
179
How long sick
Since birth

Death

Immediate

Marasmus

Accident, Suicide, Homicide

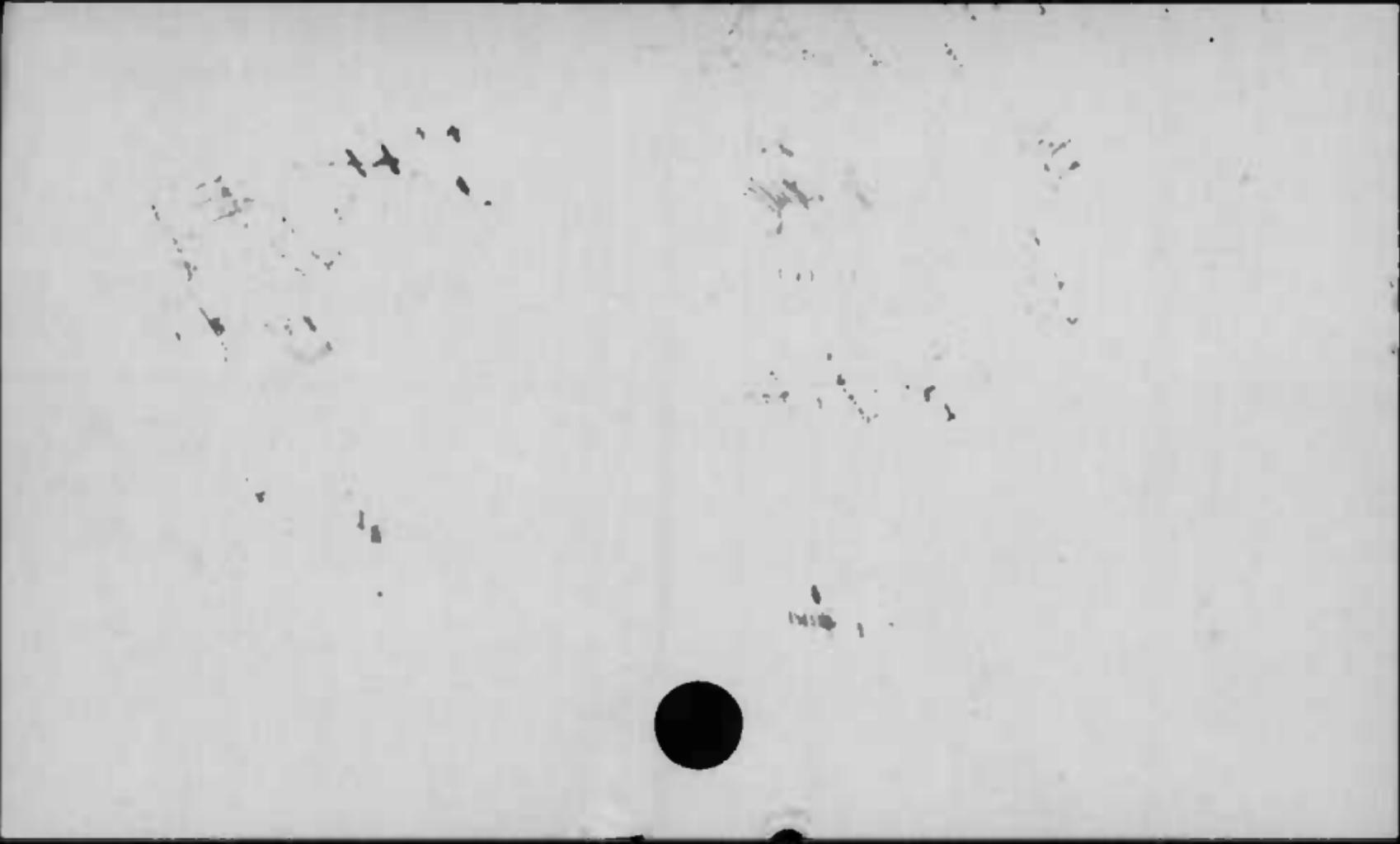
Reported by

W. D. Straley Jr. M.D.

Address

Snow Hill [redacted] [redacted] ✓

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sarah Butteringham

CERTIFICATE OF DEATH

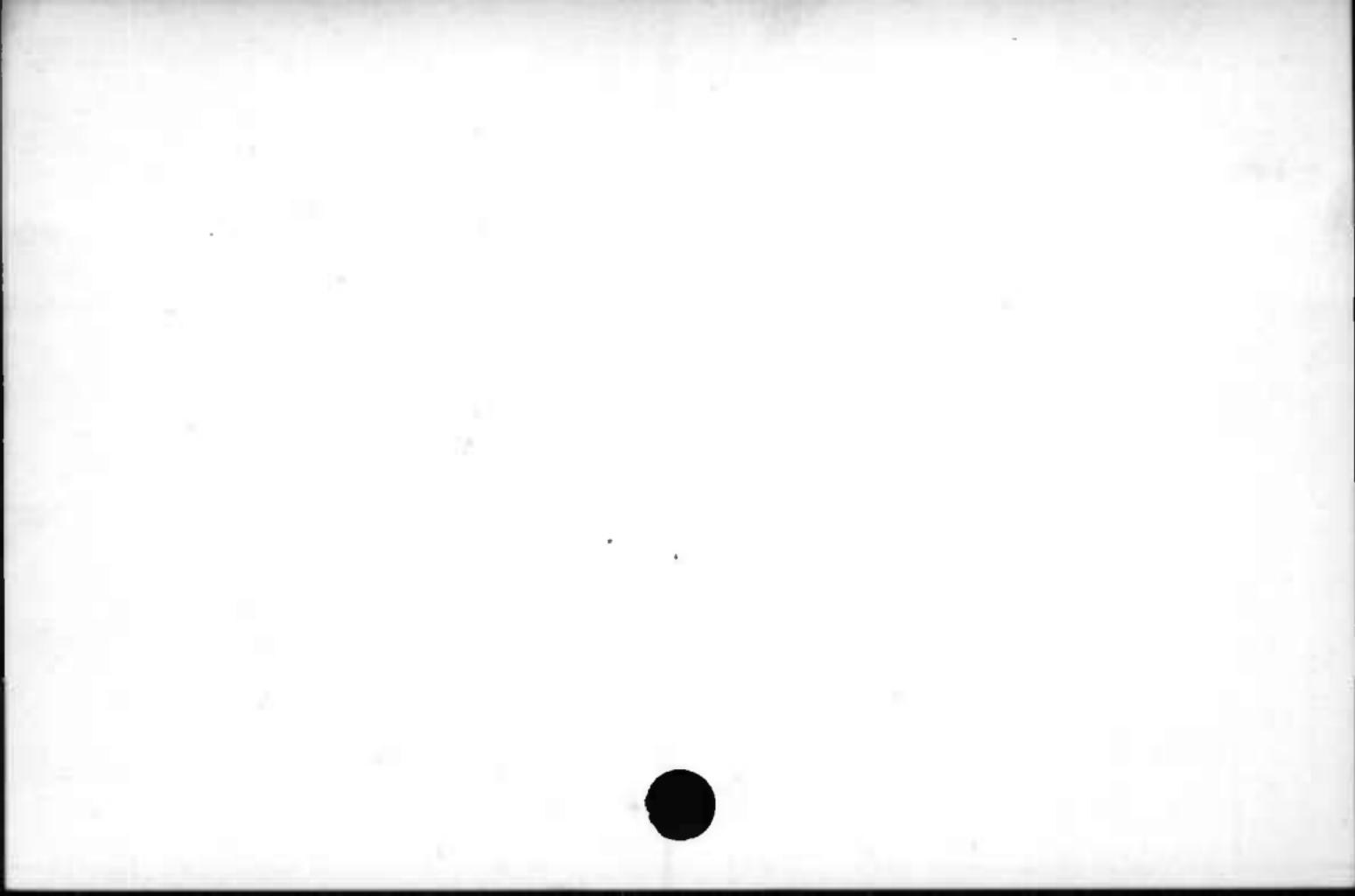
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death		Mur Poconk City On			
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Isaac Butteringham		Father's Birthplace	Rochester Co		
Mother's Maiden Name	Harriet Patterson		Mother's Birthplace	Roxbury Co		
Name of person giving information	Isaac Butteringham		How related to deceased	Father.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Meningitis (Tuberculosis)		How long	4 weeks
Immediate	"		How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. L. Hale	
		Address	Baltimore City Md.	
Accident or Suicide?				



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

<i>Lizzie Gray</i>				CERTIFICATE OF DEATH			
Died at <i>Thewark</i> Town		County <i>Montgomery</i>		MARYLAND			
Date of death <i>1904 Jan</i>	Month <i>Jan</i>	Day <i>16</i>	Years <i>47</i>	Age <i>47</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>white</i>	Where Residing if not at place of death <i>Mayland</i>		Birth-place <i>Mayland</i>			
Occupation	Name of Wife or Husband <i>George Gray</i>		Father's Birthplace <i>Mayland</i>				
Married, Single <i>Single</i>	Name of Wife or Husband <i>George Gray</i>		Mother's Birthplace <i>Mayland</i>				
Father's Name <i>Sophron Pace</i>	Name of Wife or Husband <i>George Gray</i>		How related to deceased <i>cousin</i>				
Mother's Maiden Name <i>Annie Boen</i>	Name of Wife or Husband <i>George Gray</i>		How related to deceased <i>cousin</i>				
Name of person giving information <i>William Tholstun</i>	Name of Wife or Husband <i>George Gray</i>		How related to deceased <i>cousin</i>				

CAUSES OF DEATH

Primary

Ulcerative Colitis

106

How long

4 years

Immediate

4

Signature of Physician

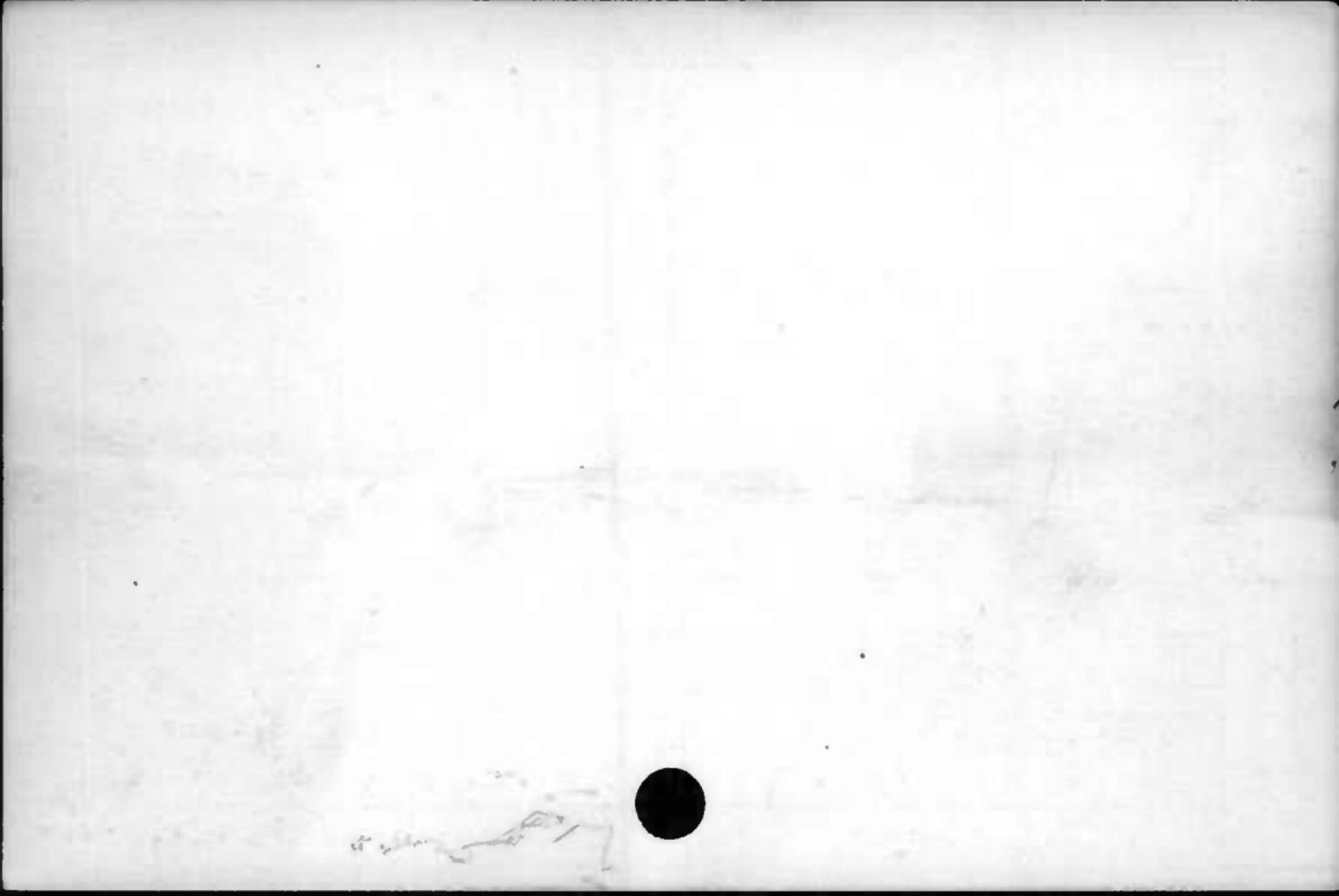
Address

*Edwin Director
Baltimore Md.*

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Marieann Gandy

CERTIFICATE OF DEATH

Died at <u>Near Pocomoke City - Worcester</u>		County <u>MARYLAND</u>			
Date of death <u>1906</u>	Month <u>Jan</u>	Day <u>19</u>	Years	Months <u>1</u>	Days <u>5</u>
Sex <u>girl</u>	Color or Race <u>Colored</u>	Birth-place <u>Worcester Co</u>			
Occupation <u>Nurs</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>John Gandy</u>		Father's Name <u>John Gandy</u>	Father's Birthplace <u>Md</u>	
Mother's Maiden Name <u>Lizzie Adelotte</u>	Mother's Birthplace <u>Md</u>		How related to deceased <u>Grandmother</u>		
Name of person giving Information <u>Beth Adelotte</u>					

CAUSES OF DEATH

Primary <u>Head gear</u>	How long <u>166</u> <u>4 days</u>
Immediate <u>"</u>	How long <u>"</u>

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

S. C. Gandy

Accident or Suicide?

Address

Street 1

Pocomoke City Md



Chas E Hill

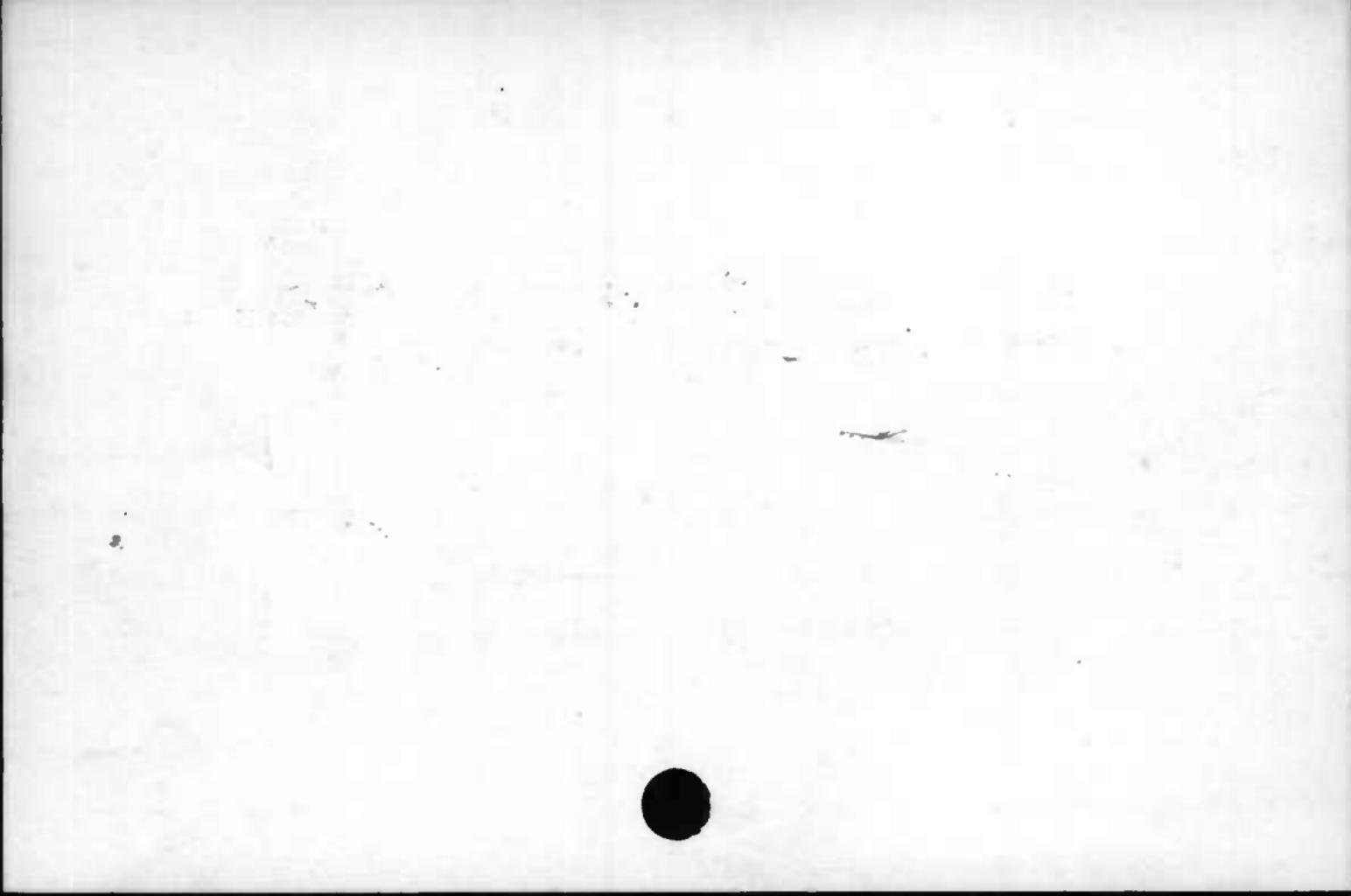
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Snow Hill</u>		Town <u>Worcs</u>		County <u>Worcs</u>		MARYLAND	
Date of death <u>1906</u>	Month	Day	Age	Years	Months	Days	
Sex <u>male</u>	Color or Race <u>white</u>					Birthplace <u>Md</u>	
Occupation <u> </u>	Where Residing if not at place of death <u> </u>						
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>						
Father's Name <u>Chas E Hill</u>				Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Marius Sturgis</u>				Mother's Birthplace <u>Md</u>			
Name of person giving Information <u>Chas E Hill</u>				How related to deceased <u>Father</u>			

CAUSES OF DEATH

Primary <u>Measles</u>	How long <u>1 wk.</u>
Immediate <u>Lobar pneumonia</u>	How long <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. H. Strong Jr. M.D.</u>
	Address <u>Snow Hill - Md.</u>
Accident or Suicide?	



Name
in
Full

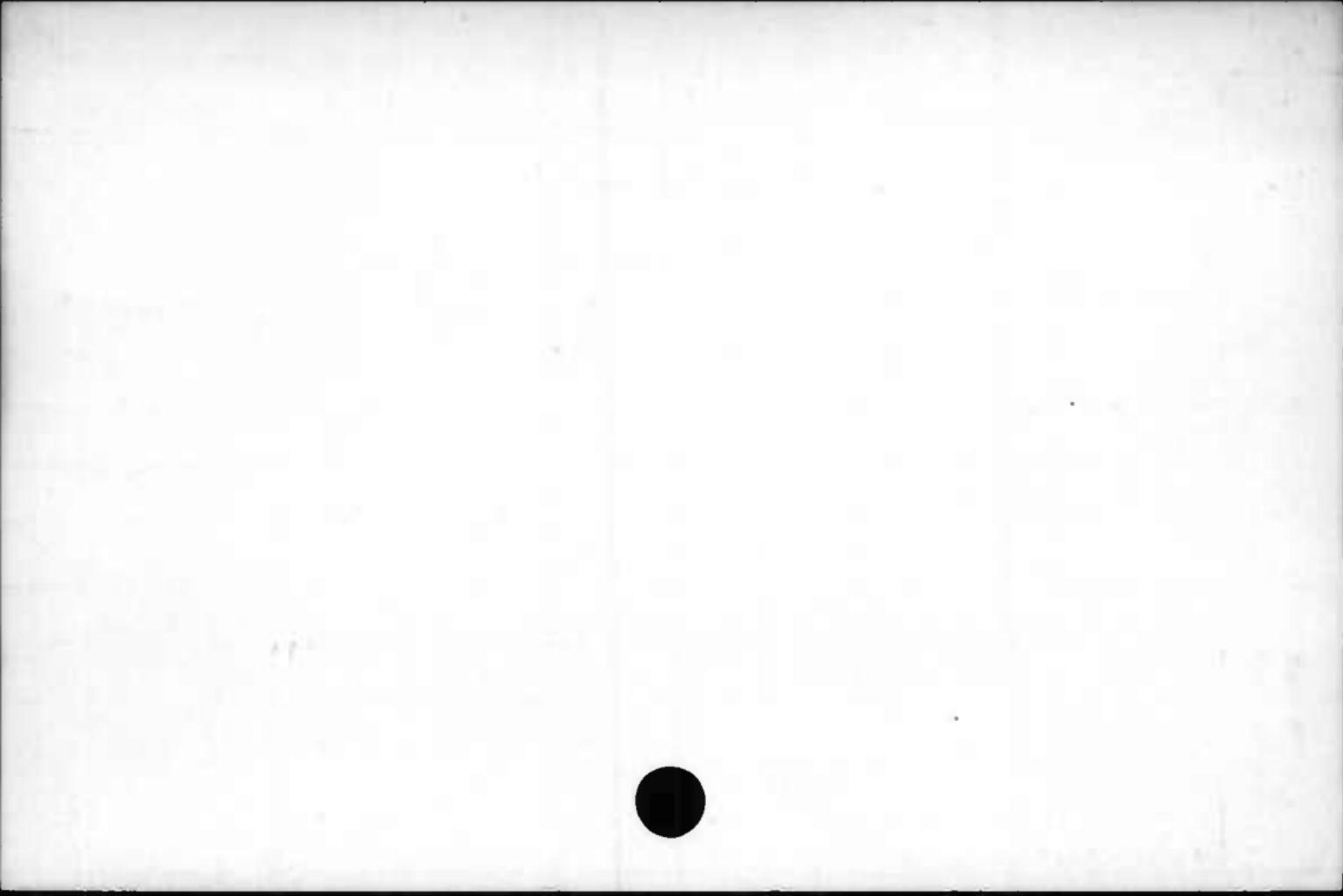
Hudson (H W)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1906	Month Jan	Day 27	Years	Months	Days	
Sex Male	Color or Race White	Age	Birth-place	Stockton Md		
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	Joshua J Hudson					
Mother's Maiden Name	Adel Merritt S					
Name of person giving information						
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Bill Bons			How long	
	Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. D. Dickerson		
			Address	Stockton Md		
Accident or Suicide?		W. Worcester Co.				

PHYSICIAN
OR CORONER



Alpheus Kemp Long

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pocomoke City</u>		County <u>Gloucester Co.</u>	MARYLAND	
Date of death <u>1906</u>	Month <u>Jan.</u>	Day <u>11th</u>	Years <u>60</u>	Months <u>11</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death			
Married, Single or Widowed <u>Divorced</u>	Name of Wife or Husband			
Father's Name <u>John Dixey Long</u>	Father's Birthplace <u>Md.</u>			
Mother's Maiden Name <u>Sarah Caulk</u>	Mother's Birthplace <u>Md.</u>			
Name of person giving information <u>Florence White Long</u>	How related to deceased <u>Niece</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchial Pneumonia

How long

14 days

Immediate

Collapse

How long

48 hrs

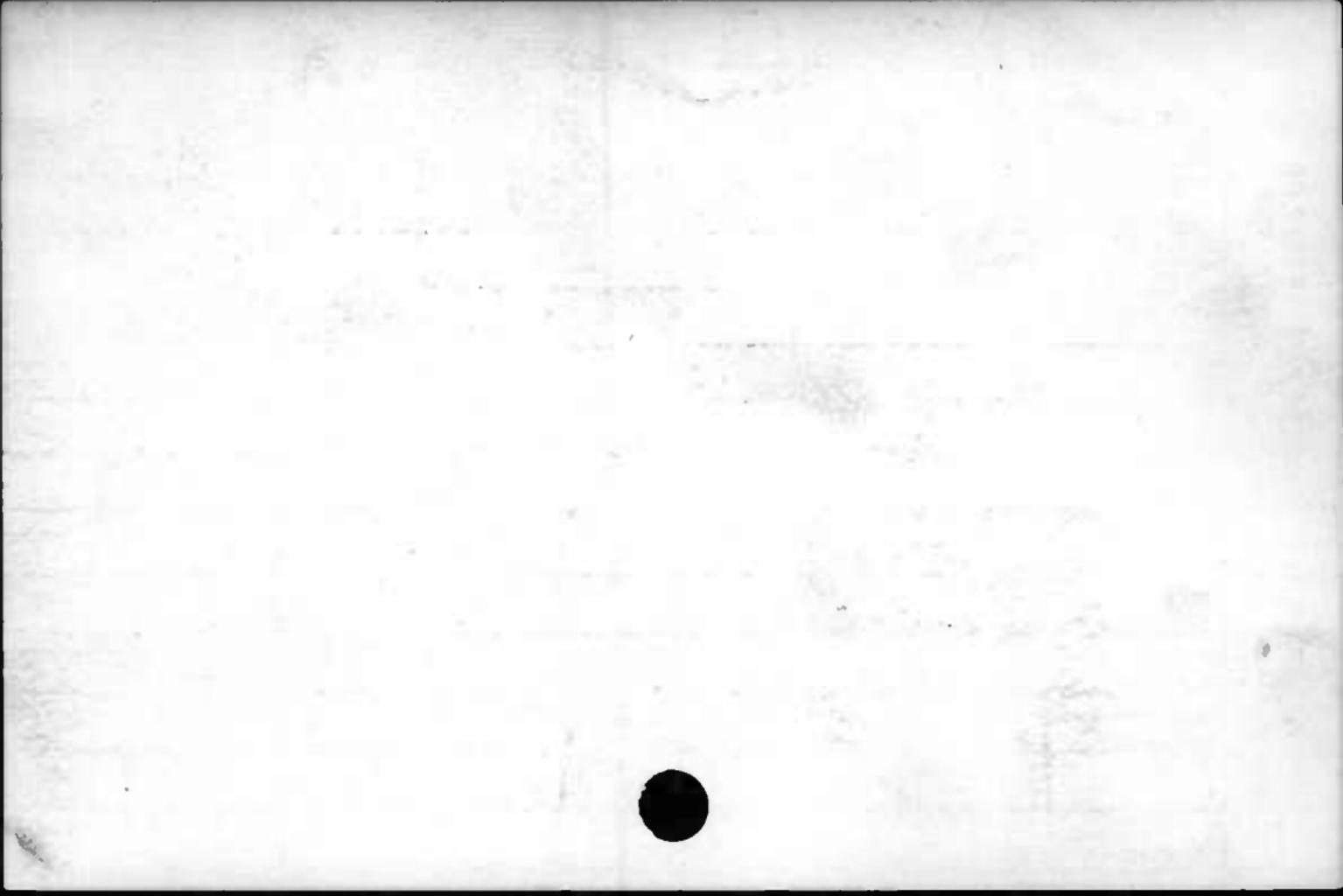
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

F. F. Wilson M. D.
Pocomoke City

Accident or Suicide?



Name
in
Full

Lubletown Masssey

CERTIFICATE OF DEATH

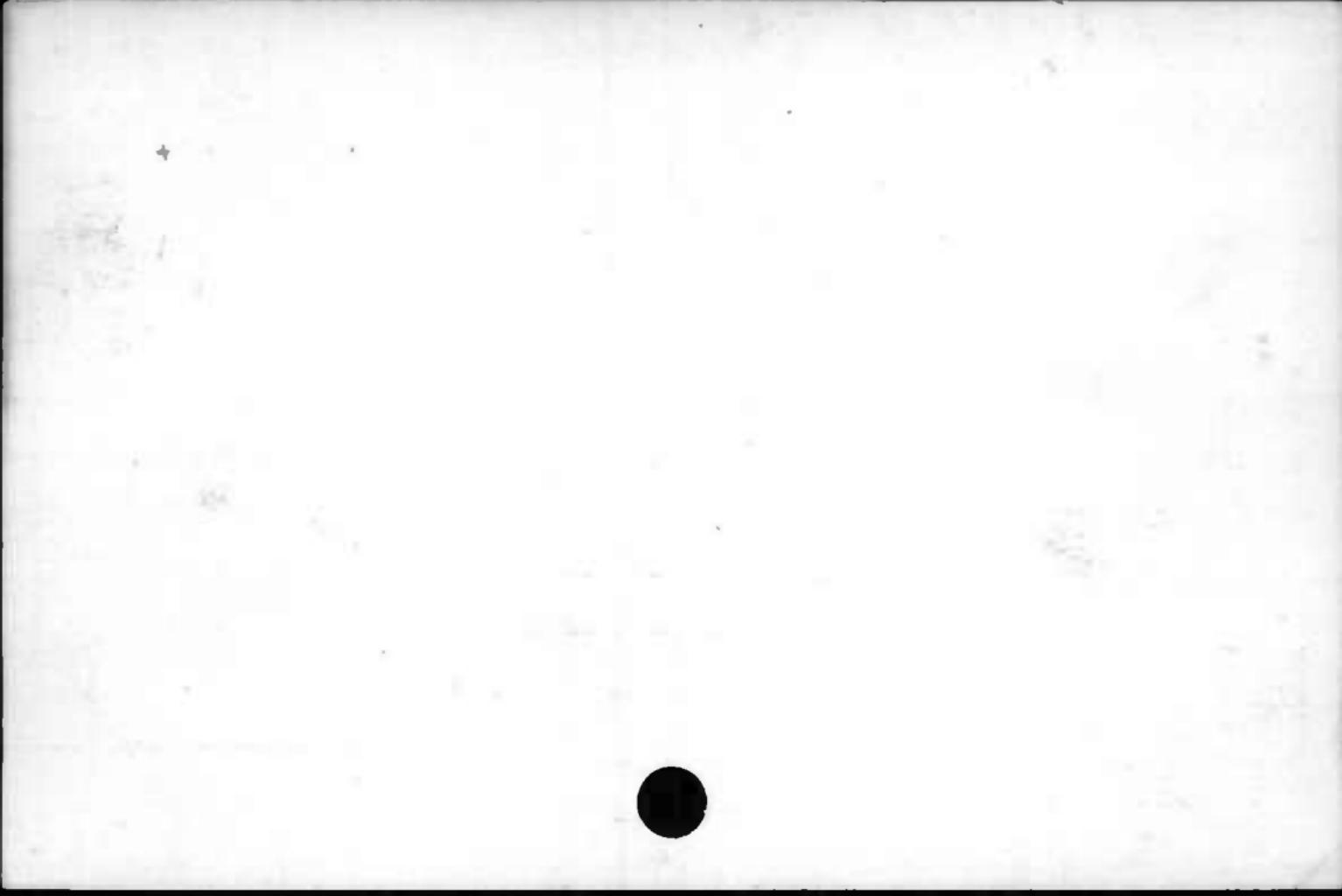
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Rachael Gillis			
Father's Name	Eduard				
Mother's Maiden Name	" "				
Name of person giving information	Clarley Brittingham				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old Age	(25)	How long
Immediate	Indigo Disease	9 or 10 months	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Ebe Holland
		Address	Berkeley
Accident or Suicide?			nd



Rosa J. Mills

Died at		Town	Month	Day	County	Native of		Occupation
Snow Hill		Jan	1	2	Worcester	Ind	Divorced	MARYLAND
Date 1906				Age	25-10-28			
<u>Male</u>		White		Married	<u>Widow</u>			
<u>Female</u>		<u>Colonist</u>		<u>Single</u>	<u>Widower</u>			Number of children living

Husband of C. S. Mills

Father's Name John A. Bitchie

Mother's Maiden Name Clarissa A. Young

Cause of Death Primary

How long sick

Death Immediate

Tuberculosis.

Accident, Suicide, Homicide

Reported by W. P. Head

Address Snow Hill

Ind.

✓

Must be signed by physician, if any in attendance, otherwise by attorney, undertaker or minister.



Name
in
Full

Mohola Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mar Bishopsville</u>		Town	County <u>Worashaw</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>7</u>	Day <u>27</u>	Age <u>14</u>	Years	Months	Days	
Sex <u>Female</u>	Color or Race <u>Blk</u>	Birth-place <u>East Del</u>					
Occupation <u>31</u>	Where Residing if not at place of death <u>-</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>-</u>						
Father's Name <u>William Parker</u>	Father's Birthplace <u>Ind</u>						
Mother's Maiden Name <u>Leah Hammond</u>	Mother's Birthplace <u>"</u>						
Name of person giving Information <u>Leah Hammond</u>	How related to deceased <u>Mother</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

93

How long

2 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

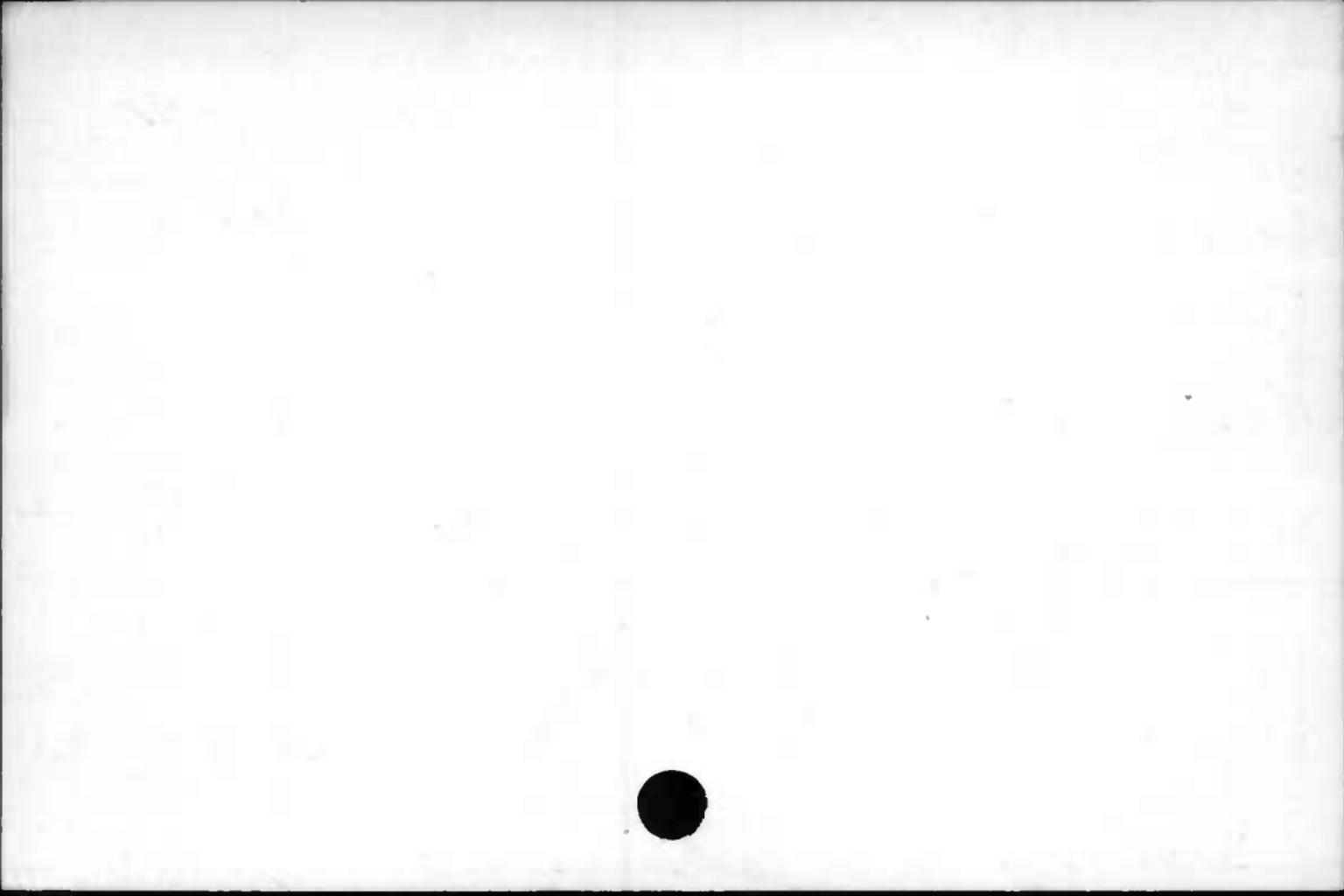
yes

Physician

Address

Dr R P Collins
Bishopsville
Ind

Accident or Suicide?



Name
in
Full

Sallie Peditt

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Snow Hill</u>		Town <u>Snow Hill</u> County <u>Oxford</u>		MARYLAND	
Date of death <u>1906 Jan 11</u>	Month <u>Jan</u>	Day <u>11</u>	Years <u>65</u>	Months	Days
Sex <u>female</u>	Color or Race <u>white</u>	Birth-place <u>Md.</u>			
Occupation <u>House wife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Elias Peditt</u>	Father's Birthplace <u>Bid</u>			
Father's Name <u>Benj Johnson</u>	Mother's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Realty Johnson</u>	How related to deceased <u>Son</u>				
Name of person giving information <u>Benj Peditt</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

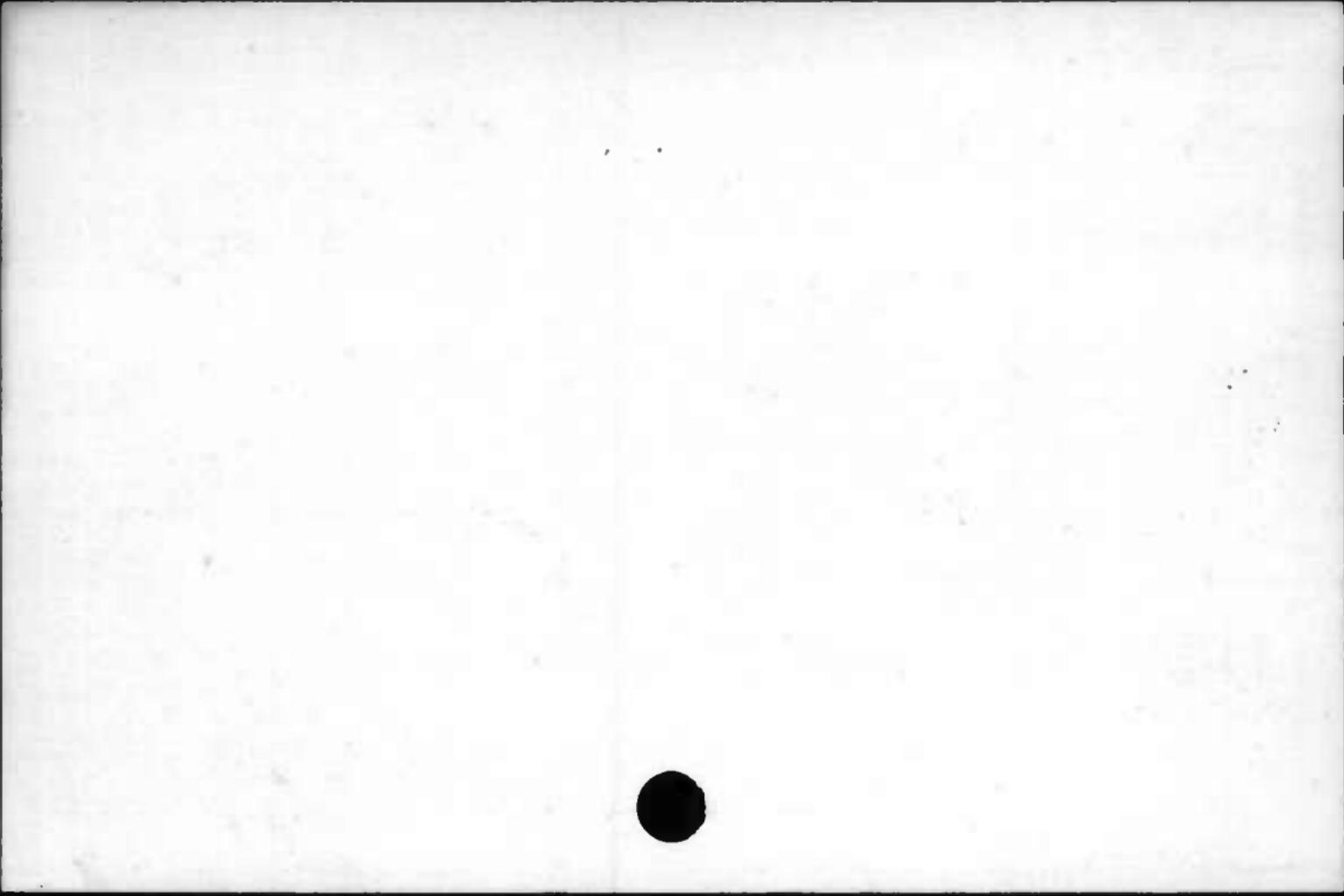
Signature of Physician

How long

Accident or Suicide?

Address

10 hours
Snow Hill
Md.



Name
in
Full

Mary Purcell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	1906	Month Jan	Day 30	Years 11	Months
Sex	Female	Color or Race	colored	Birth- place	Maryland Co
Occupation	servant	Where Residing if not at place of death			Near Pasomoke co
Married, Single or Widowed	"	Name of Wife or Husband			
Father's Name	Lloyd Purcell	Father's Birthplace			Maryland Co
Mother's Maiden Name	Zenia Gillett	Mother's Birthplace			" "
Name of person giving Information	Edward Gillett	How related to deceased			uncle

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis		How long	a year
Immediate	Exhaustion		How long	some weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Jewell S. Young	
		Address	Pasomoke City Md	
Accident or Suicide?		<input checked="" type="checkbox"/>		



TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	1	23	Age, 12	—	—	
Sex	Male	Color or Race	Blk	Birth- place	End	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name						
Mother's Maiden Name	Father's Birthplace					
Name of person giving Information	Mother's Birthplace					
	How related to deceased					

PHYSICIAN
OR CORONERPrimary
Epilepsy

CAUSES OF DEATH

(69)

Immediate

Are the name, age, sex, color, date
and place correctly given above?

JES

How long

for ever

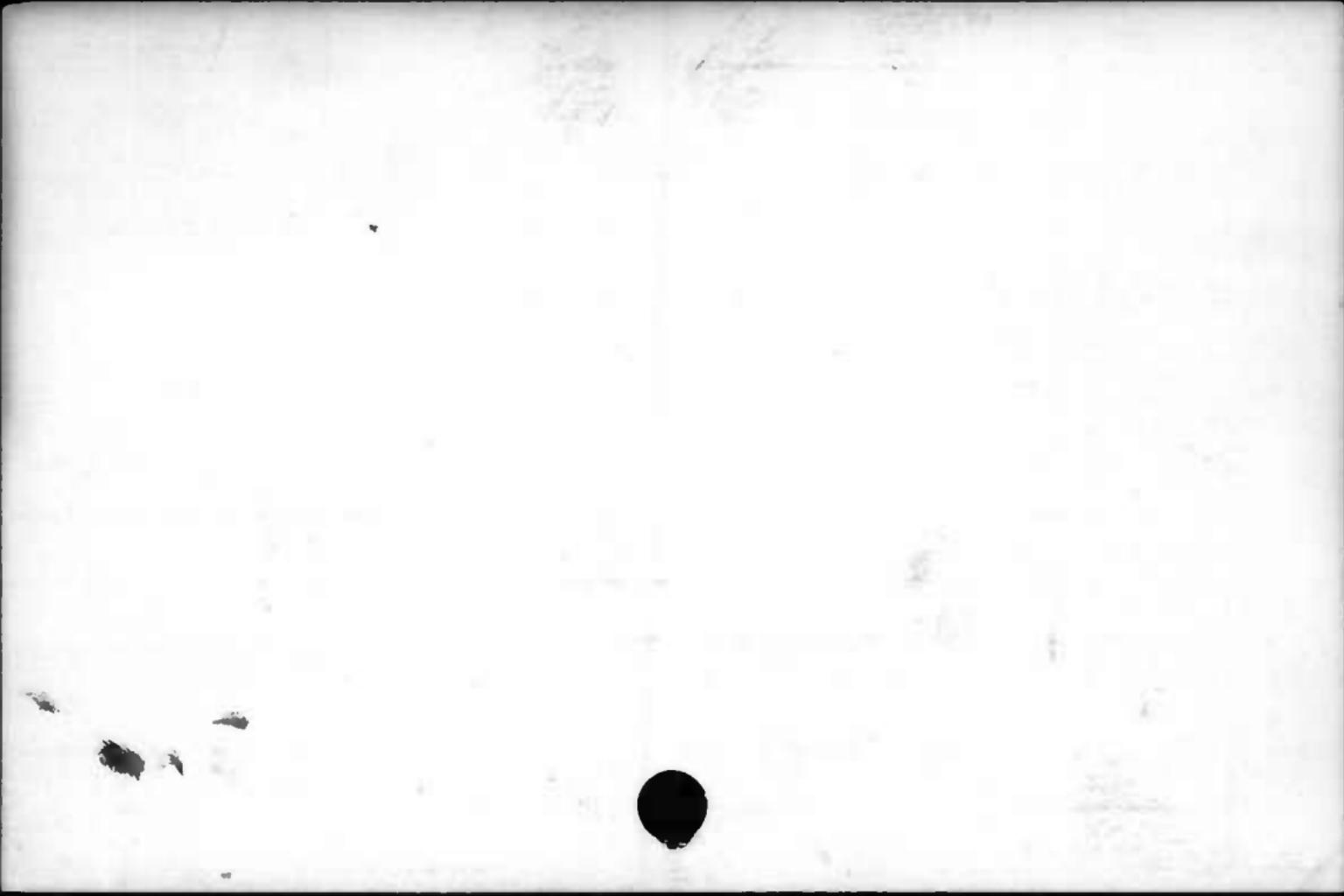
How long

Signature of
Physician

Address

Ebe Hollis &
Berney End

Accident or Suicide?



Jedoch M. Burnell

Town

County

Died at Ocean City - Worcester

MARYLAND

Date 1906

Month

Day

Y.

M.

D.

Native of

Occupation

1 - 19

Age

32

Male

White

Married

Widow

Divorced

Female

Unknown

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Wm Burnell

Mother's

Maiden Name

Sarah Hudson

Cause of

Primary

Consumption

How long sick

Death

Immediate

one year

Accident, Suicide, Homicide

Reported by

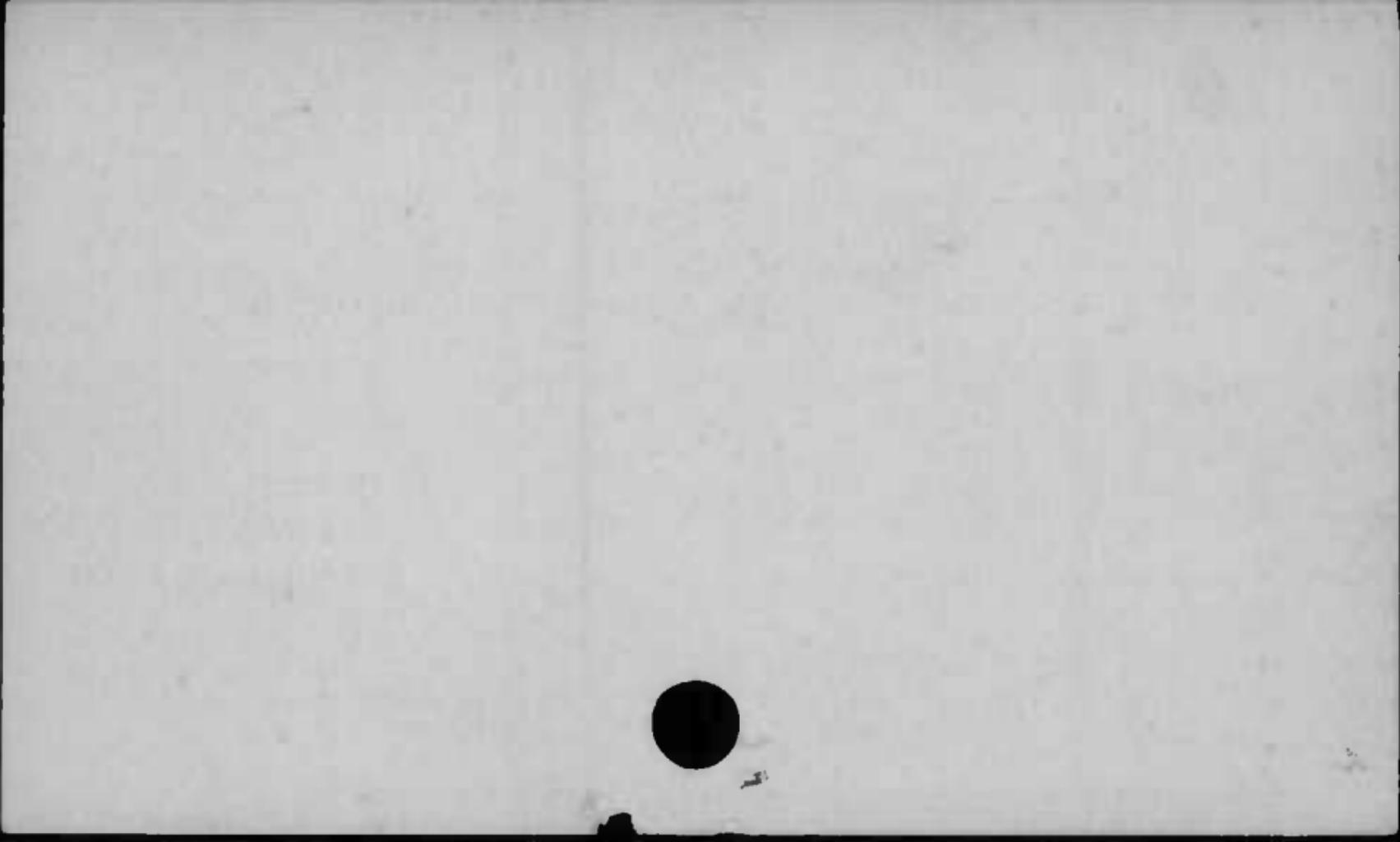
J. B. Baggett M.D.

Address

Ocean City - Md.

✓

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Edward A Richardson

Town

County

Died at Shreve Worcester

MARYLAND

Date 1906 Jan 9

Y. M. D.

Native of

Occupation

Male

Month

Day

Age 67 -

Widow

Female

White

Married

Divorced

Colored

Single

Widower

Number of children living

5

Husband of

Wife

Father's Name

Joseph Richardson

Mother's Maiden Name

Cause of Death

Primary

All

How long sick

Immediate

Pneumonia

one week

Reported by

James
Gowdy

Accident, Suicide, Homicide

Address

Md

✓

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James B Robinson

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1909	Month 1	Day 6	Years 55	Months 11	Days 22	
Sex	Male	Color or Race	Black				
Occupation	Lanner		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband	Mary Larr			
Father's Name	William Robinson		Died				
Mother's Maiden Name	Susan Mitchell		Died				
Name of person giving Information	Gov. Larr.		Brother-in-law				

CAUSES OF DEATH

Primary

Pulmonary Abscess

14 How long

How long

Annual attacks

Immediate

Relaxation of heart

Two attacks

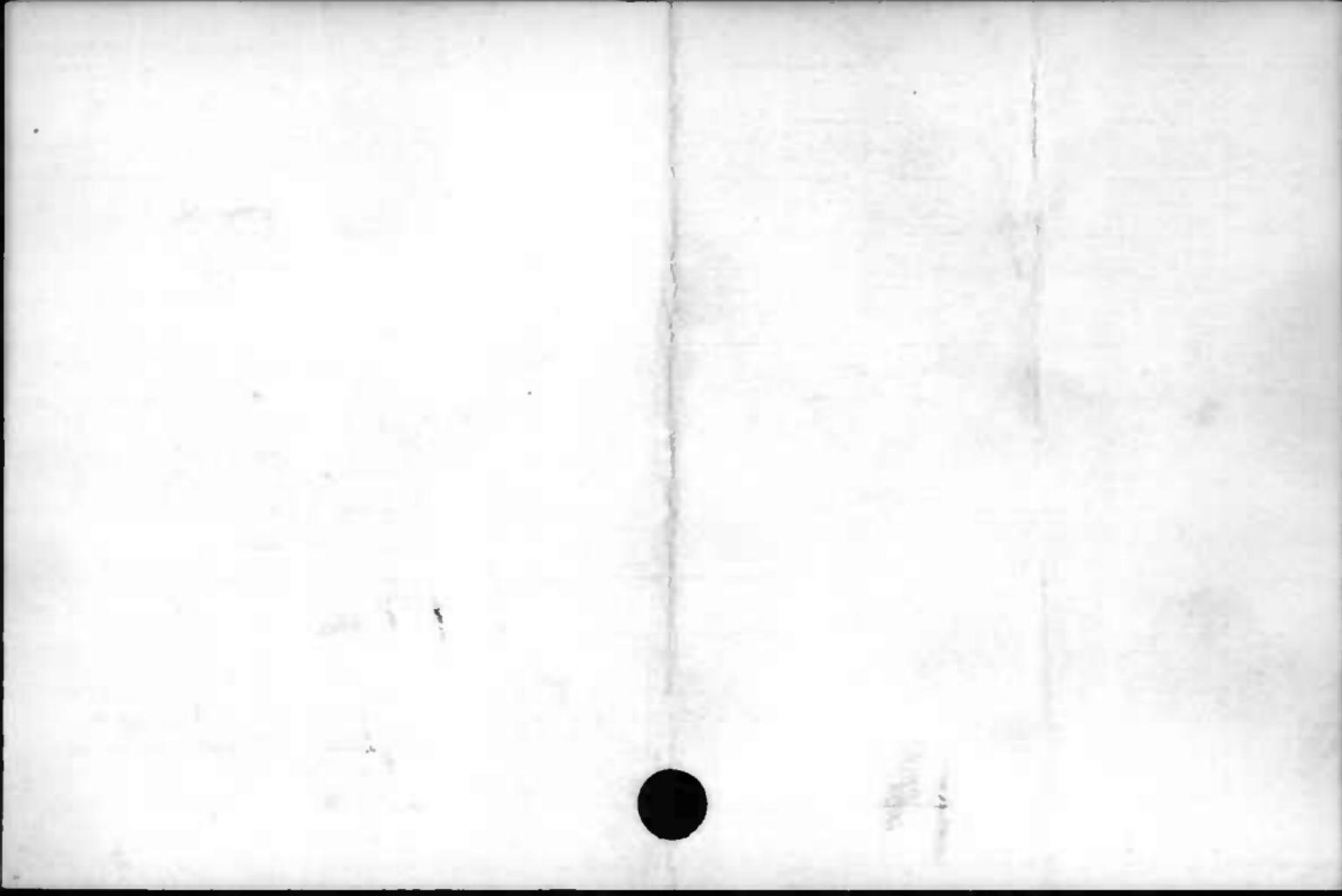
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

James B. Robinson

Accident or Suicide?



Name
in
Full

Charlotte E. Rowley

CERTIFICATE OF DEATH

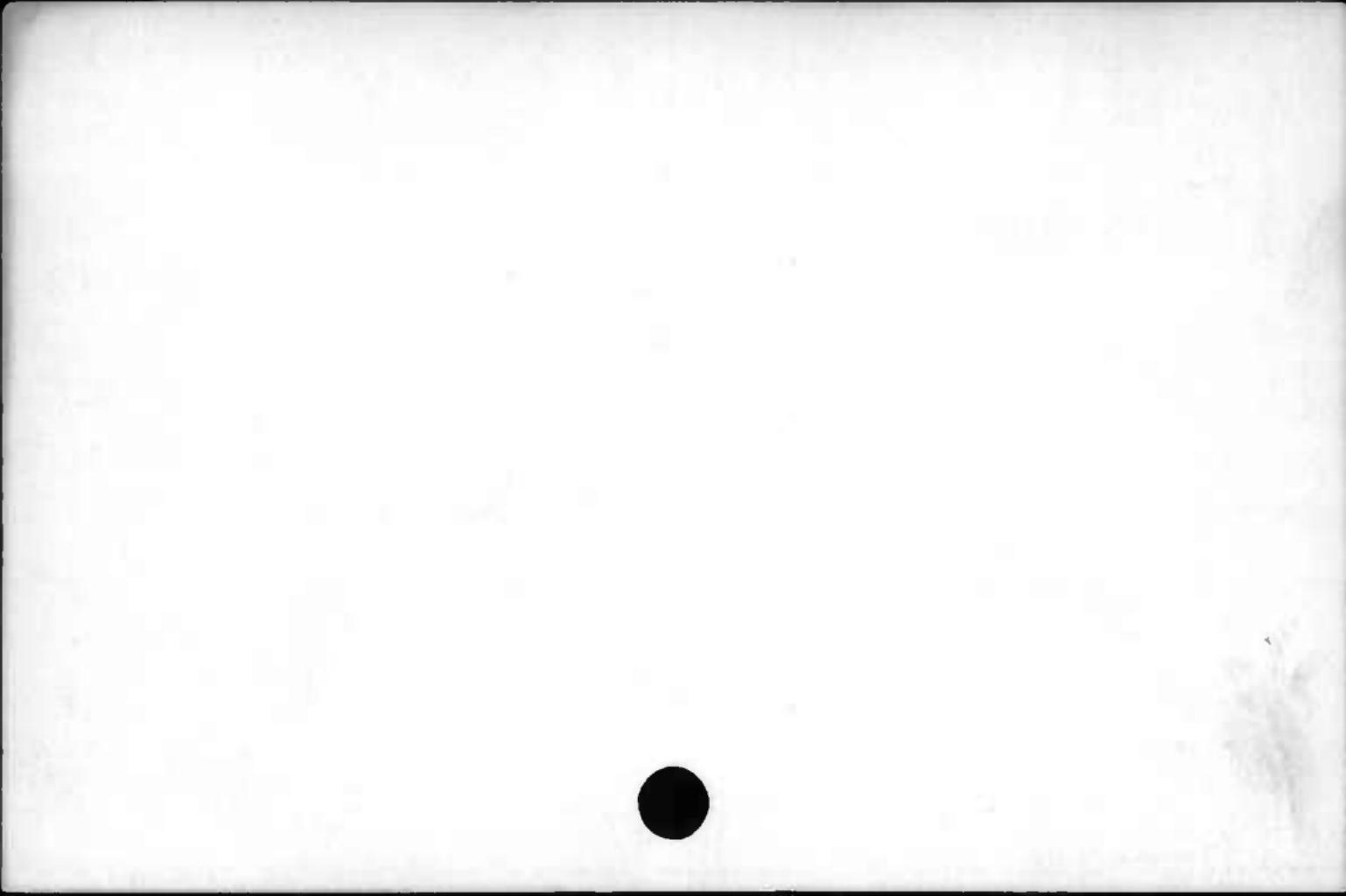
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month 1	Day 16	Years 70	Months	Days
Sex	Female	Color or Race	white	Birth-place	Md.	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	widow	Name of Wife or Husband	W.C. Rowley			
Father's Name	Mrs. Mason		Father's Birthplace	Md.		
Mother's Maiden Name	Elizabeth Hardy		Mother's Birthplace	Md.		
Name of person giving information						How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dementia	154	How long	Some months
Immediate	General exhaustion following delirium		How long	Several days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H.W. Willis	
		Address	Overbrook City	
Accident or Suicide?			✓	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

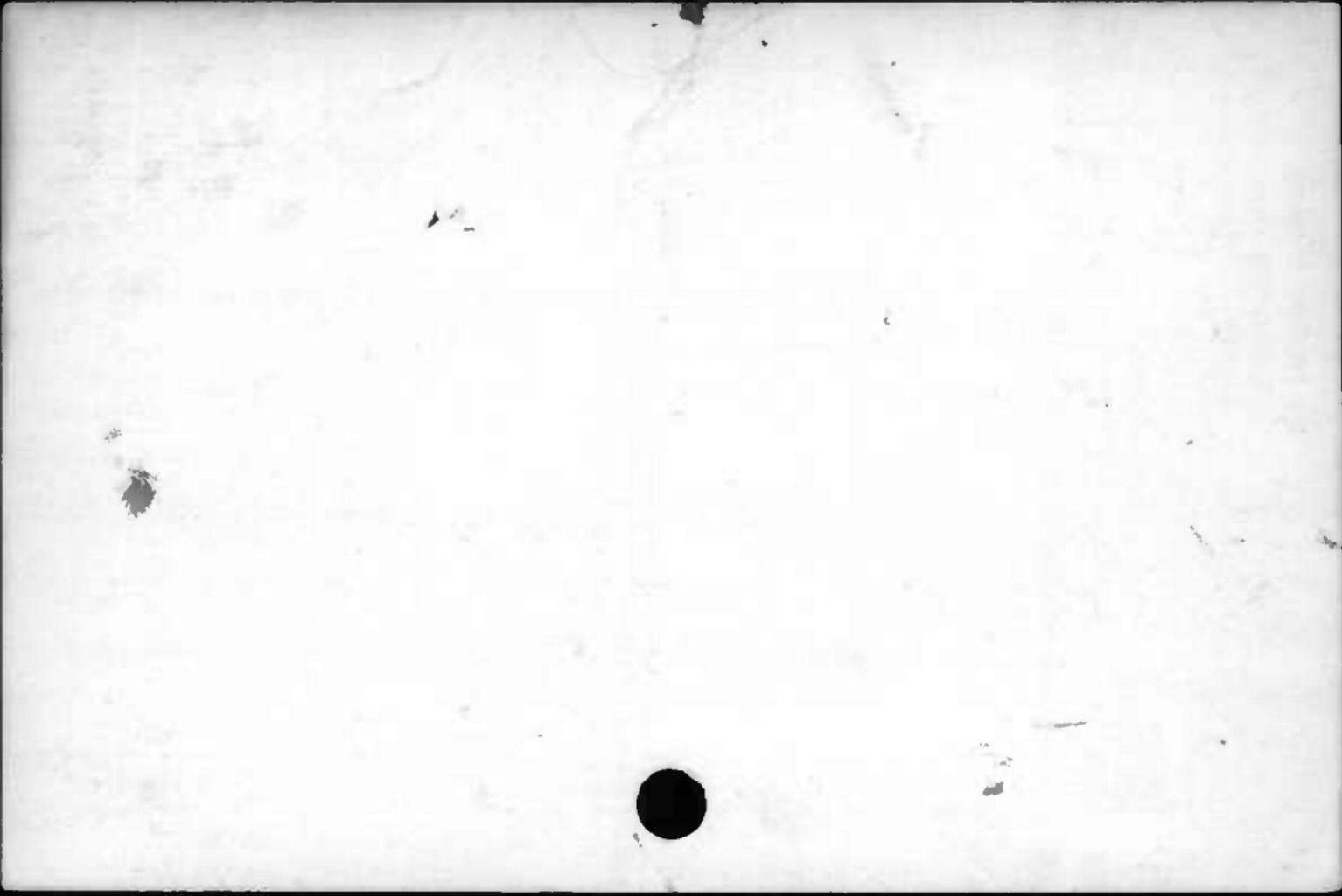
Clarence Shockley

CERTIFICATE OF DEATH

Died at <u>Snow Hill</u>		Town <u>Worcester</u>		County <u>MARYLAND</u>	
Date of death <u>1906 Jan</u>	Month <u>10</u>	Day <u>10</u>	Years <u>33</u>	Months <u>1</u>	Days <u>0</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birthplace <u>Md</u>			
Occupation <u>Carpenter</u>	Where Residing if not at place of death <u>Md</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u></u>				
Father's Name <u>Uriah Shockley</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Julia A Tilghman</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving Information <u>P. M. Cooke</u>	How related to deceased <u>Brother in law</u>				

CAUSES OF DEATH

Primary <u>Drunkenes</u>	How long <u>2 or 3 weeks</u>
Immediate <u>Over dose Whisky Laudanum & Cam</u>	How long <u>few hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Paul Jones</u>
	Address <u>Snow Hill Md</u>
<u>Incident or Suicide?</u>	



Nancy Thompson

CERTIFICATE OF DEATH

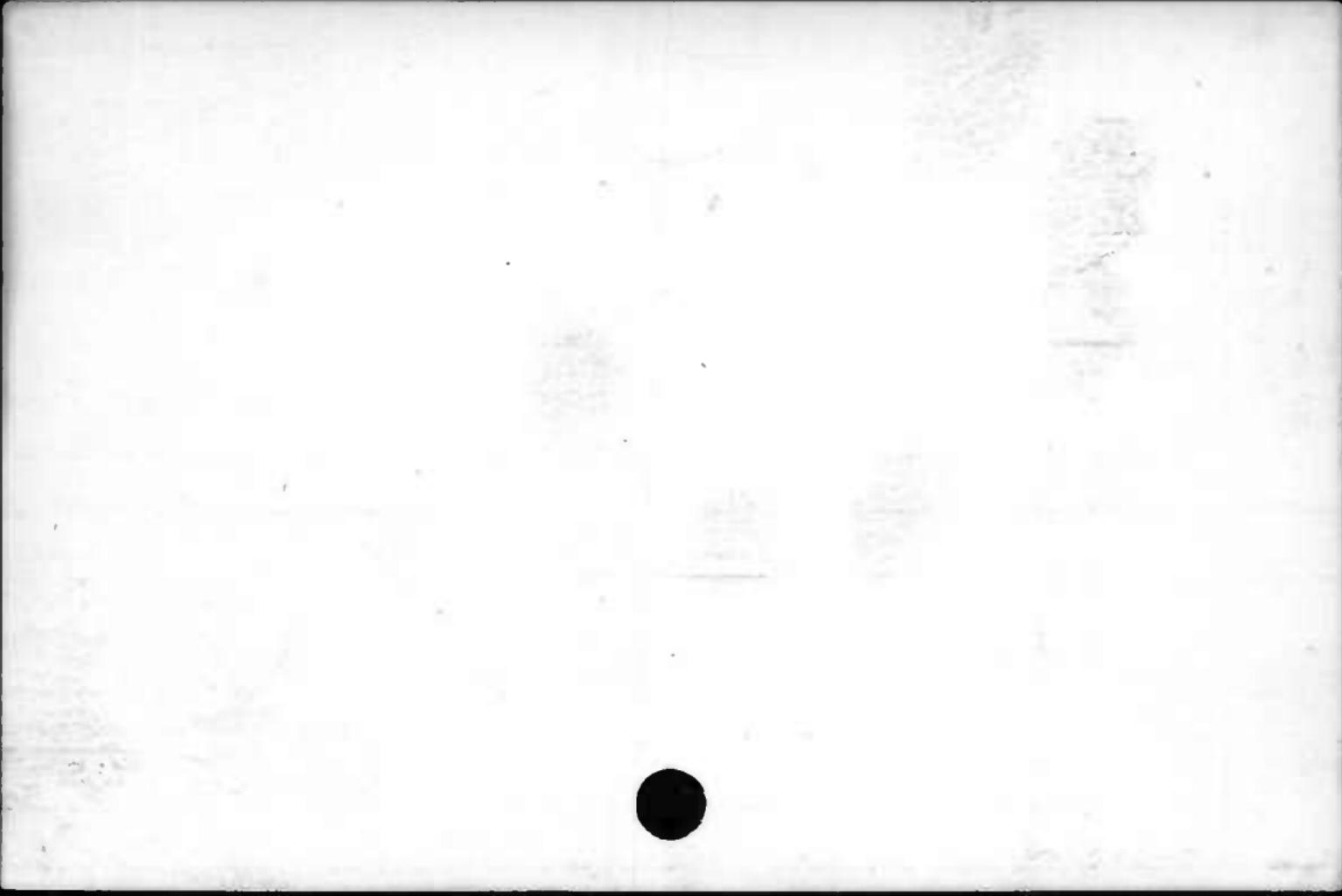
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Berkley		Worcester					
Date of death	1906	Month	1	Day	20	Years	54
Age		Month		Days			
Sex	Female	Color or Race	White	Birth- place	Dcl		
Occupation	House keeper		Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband	Tom Thompson				
Father's Name	Isaac L. Bates		Father's Birthplace	Dcl			
Mother's Maiden Name			Mother's Birthplace				
Name of person giving Information	Elizabeth Thompson		How related to deceased	Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cardiac Hypertrophy		How long
Immediate	.. Sudden		19 How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Ebe H. Lee d
		Address	Beyler
Assault or Suicide?	✓ Dr J		



Name
in
Full

infant no name Tmga(hy)

CERTIFICATE OF DEATH

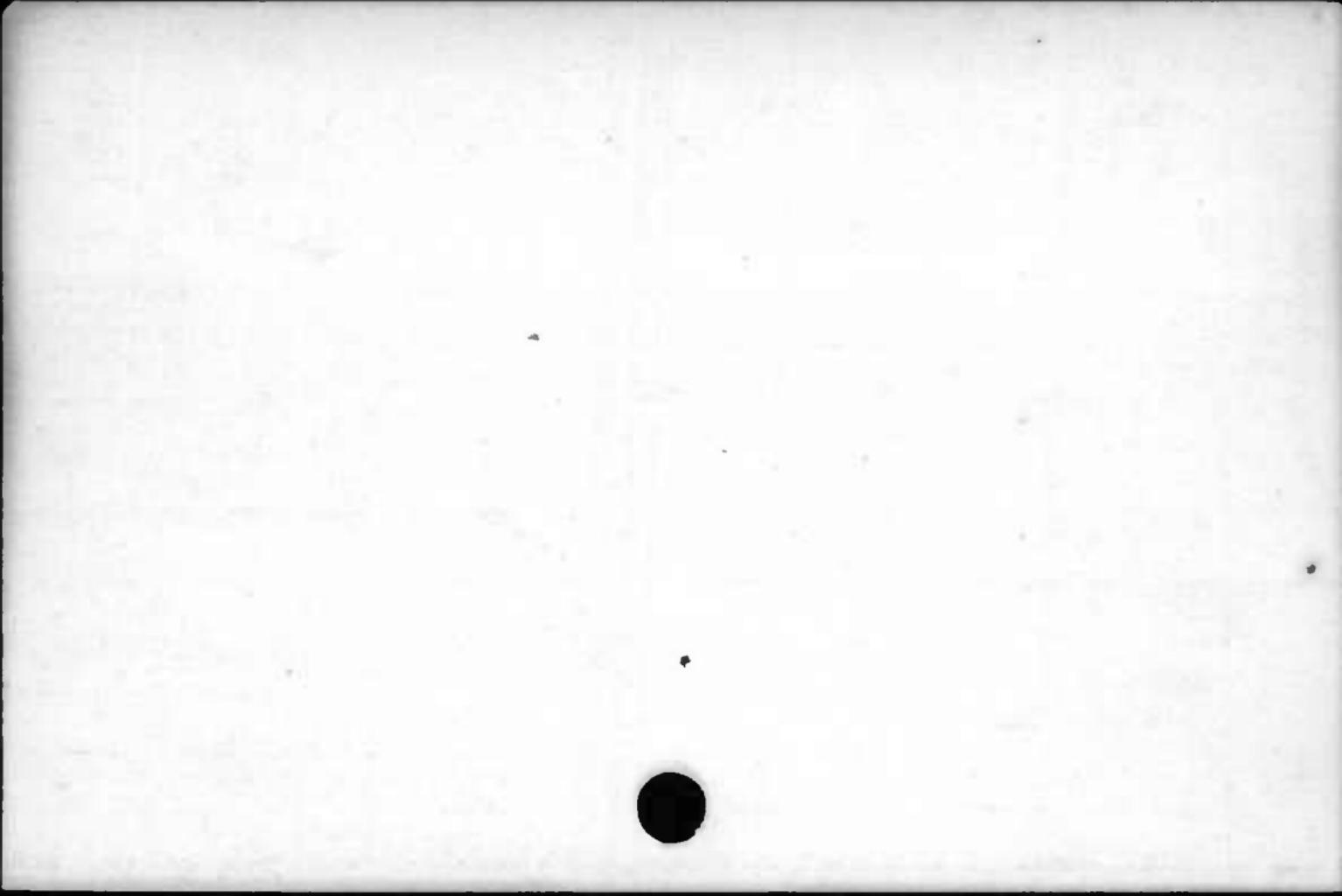
TO BE ANSWERED BY
NEAREST FRIEND

Died <u>near Snow Hill Worcester</u>		Town	County		MARYLAND		
Date of death <u>1906</u>	Month <u>Jan</u>	Day <u>20</u>	Years	Age	Months	Days	
Sex <u>Male</u>	Color or Race <u>white</u>	Birthplace <u>Md</u>					
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name <u>John H. Purigg</u>	Father's Birthplace <u>Md.</u>						
Mother's Maiden Name <u>Amanda M. Bradley</u>	Mother's Birthplace <u>Md.</u>						
Name of person giving information <u>John H. Purigg</u>	How related to deceased <u>Father</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	(161)	How long
Immediate <u>Inflammation of the lungs</u>	<u>3 days</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
		<u>Paul Jones</u>
Accident or Suicide?		<u>Snow Hill</u>



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Peter Whaley

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Bishopville</u>		Town	County <u>Worcester</u>	
Date of death <u>1906</u>	Month <u>January</u>	Day <u>13th</u>	Years <u>75</u>	Age <u>75</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Occupation <u>Nothing</u>	Birth-place <u>Whaleyville Md</u>	
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Elizabeth</u>			
Father's Name <u>Peter Whaley Jr</u>	Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Elizabeth</u>	Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>William Whaley</u>	How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Bright's Disease</u>	How long <u>in year</u>
Immediate	<u>Heart failure</u>	How long <u>in minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>R P Collins</u>
<u>P Bayse Local</u>		Address <u>Bishopville Md</u>
Accident or Suicide? <u>None</u>		

